

**Quarterly Progress Report**  
Local Government Projects  
Governor's Office for Local Development

Funding Program/HB#: \_\_\_\_\_

Project ID #: \_\_\_\_\_

Check one of the following:

☐ Local Government Economic Development Fund (LGEDF) Coal Severance Grant

☐ Line-item Project

☐ Renaissance

☐ Cemetery

☐ Body Armor

☐ Other

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**Project Information**

Project Title: \_\_\_\_\_

Project Allocation: \$ \_\_\_\_\_ Total Funds Expended to Date: \$ \_\_\_\_\_

County: \_\_\_\_\_ ADD: \_\_\_\_\_

Type of Project (for example - construction, revitalization, purchase of land and equipment purchase, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

If Water or Sewer Project, check one of the following and provide WX # and/or SX#:

☐ Water WX#: \_\_\_\_\_ ☐ Sewer SX#: \_\_\_\_\_

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**Grantee Information**

Legal Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Official's Name/Title: \_\_\_\_\_ County \_\_\_\_\_

Was applicant a pass-thru agency to third-party recipient? (check one) ☐ yes ☐ no

If yes, please list third-party recipient: \_\_\_\_\_

## Project Status

Please check the months you are reporting on as part of this progress report:

☐ July-Sep   ☐ Oct-Dec   ☐ Jan-March   ☐ April-June

Have all funds allocated for this project been received and expended?   ☐ yes   ☐ no

If yes, please complete the Project Completion Report and send to the Governor's Office for Local Development

Explain project status including all activities of this project or problems with this project. Make sure to provide an estimated date for completion (REQUIRED):

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## Financial Information

Total number of previous draws: # \_\_\_\_\_ Total amount of disbursements received to date: \$ \_\_\_\_\_

List all financial transactions that occurred during this quarter:

Payable	Amount	Purpose (equipment, supplies, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach all financial back-up documentation for every financial transaction that occurred during this quarter.  
Certification of Recipient

Name and Title of Chief Executive Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title Third Party Recipient: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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FOR GOLD USE ONLY: This Quarterly Progress Report is hereby approved.

GOLD Staff Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

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